

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/20/2021  
FORM APPROVED  
OMB NO. 0938-0391

|   |   |  |  |
|---|---|--|--|
| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION<br><i>Doyle</i> | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>445439 | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br><br>B. WING _____ | (X3) DATE SURVEY<br>COMPLETED<br><br>C<br>09/08/2021 |
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|   |  |
|---|--|
| NAME OF PROVIDER OR SUPPLIER<br><br>AHC MT JULIET | STREET ADDRESS, CITY, STATE, ZIP CODE<br>2650 NORTH MT JULIET ROAD<br>MOUNT JULIET, TN 37122 |
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F 000 INITIAL COMMENTS

An investigation of Complaints TN00054785, TN00055035, and TN00055147 was conducted on 9/8/2021 at AHC Mt. Juliet. Deficiencies were cited in relation to the complaints under 42 CFR PART 483, Requirements for Long Term Care Facilities.

F 655 Baseline Care Plan  
SS=D CFR(s): 483.21(a)(1)-(3)

§483.21 Comprehensive Person-Centered Care Planning  
§483.21(a) Baseline Care Plans  
§483.21(a)(1) The facility must develop and implement a baseline care plan for each resident that includes the instructions needed to provide effective and person-centered care of the resident that meet professional standards of quality care. The baseline care plan must-

- (i) Be developed within 48 hours of a resident's admission.
- (ii) Include the minimum healthcare information necessary to properly care for a resident including, but not limited to-
  - (A) Initial goals based on admission orders.
  - (B) Physician orders.
  - (C) Dietary orders.
  - (D) Therapy services.
  - (E) Social services.
  - (F) PASARR recommendation, if applicable.

§483.21(a)(2) The facility may develop a comprehensive care plan in place of the baseline care plan if the comprehensive care plan-

- (i) Is developed within 48 hours of the resident's admission.
- (ii) Meets the requirements set forth in paragraph (b) of this section (excepting paragraph (b)(2)(i) of

F 000

F 655

Resident #1 was a 5-day Hospice Respite patient that had already been discharged from the facility.

10/9/2021

From 9/20-9/22/21, the Director of Nursing audited all other Residents newly admitted in the last 30 days for fall occurrences to be added to their baseline care plans if their comprehensive care plan had not yet been developed.

From 9/22-9/23/21, the Director of Nursing educated all Nurses on the addition of fall interventions to baseline care plans for Resident's who do not yet have a comprehensive care plan in place.

Beginning 9/23/21, for any newly admitted Resident who has a fall and does not yet have a comprehensive care plan in place, the Nurse will update the baseline care plan with the appropriate fall intervention determined for that Resident.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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| F 655   | <p>Continued From page 1<br/>this section).</p> <p>§483.21(a)(3) The facility must provide the resident and their representative with a summary of the baseline care plan that includes but is not limited to:</p> <ul style="list-style-type: none"> <li>(i) The initial goals of the resident.</li> <li>(ii) A summary of the resident's medications and dietary instructions.</li> <li>(iii) Any services and treatments to be administered by the facility and personnel acting on behalf of the facility.</li> <li>(iv) Any updated information based on the details of the comprehensive care plan, as necessary.</li> </ul> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on facility policy review, medical record review, observations and interviews, the facility failed to ensure fall interventions are documented on the Care Plan for 1 (Resident #1) of 4 residents reviewed, which had the potential to cause additional falls and possibly injuries.</p> <p>The findings include:</p> <p>Review of facility policy titled "Baseline Care Plan" dated 11/2017 and revised 11/2020, stated "...The baseline care plan will: Be developed within upon a resident's admission or close to then as possible...Interventions shall be initiated that address the resident's current needs including:...Any health and safety concerns to prevent decline or injury, such as elopement, fall, or pressure injury risk...Any identified needs for supervision, behavioral interventions, and assistance with activities of daily living...Any special needs such as for IV therapy, dialysis, or wound care...Once established, goals and interventions shall be documented in the</p> | F 655   | <p>Continued from page 1</p> <p>Beginning 9/23/21, the Assistant Director of Nursing and/or designee will conduct audits of the baseline care plan for added interventions for all new admissions who have a fall and have not yet had a comprehensive care plan developed as follows: daily, Monday through Friday for 1 month, 3x weekly for 3 weeks; and then 2x weekly for 2 weeks. Any adverse findings will be corrected and immediately addressed. The audits will be brought before the facility's Quality Assurance Committee. Further monitoring will be determined by the Quality Assurance and Performance Improvement Committee.</p> |  | 10/9/2021  |

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| F 655   | <p>Continued From page 2</p> <p>designated format...In the event that the comprehensive assessment and comprehensive care plan identified a change in the resident's goals, or physical, mental, or psychosocial functioning, which was otherwise not identified in the baseline care plan, those changes shall be incorporated into an updated summary provided to the resident and his or her representative, if applicable..."</p> <p>Review of the medical record for Resident #1 revealed he was admitted to the facility for a Hospice Respite 5-day stay on 8/23/2021 and discharged home on 8/28/2021, with diagnoses which included Malignant Neoplasm of Prostate, Secondary Malignant Neoplasm of Adrenal Gland and Other Parts of Nervous System, Chronic Kidney Disease, and Major Depressive Disorder.</p> <p>Continued review of the Nursing Home Discharge Minimum Data Set (MDS) dated 8/27/2021 for Resident #1 revealed a Brief Interview for Mental Status (BIMS) score of 9, which indicated moderate cognitive impairment.</p> <p>Continued review of facility "Event Note" dated 8/25/2021 at 11:00 AM revealed Resident #1 was observed on the floor in the resident's room without injury. The report also revealed the Physician was notified on 8/25/2021 at 11:15 AM and the Responsible Party, Resident #1's son, was notified on 8/25/2021 at 11:15 AM. Continued review of the "Conclusion and Action Plan" revealed an intervention for an antithrust cushion to chair was implemented.</p> <p>Continued review of the Baseline Care Plan for Resident #1 dated 8/24/2021, revealed, "...FALLS/SAFETY RISK...Keep call light in reach</p> | F 655   |  |  |  |

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| F 655   | <p>Continued From page 3</p> <p>instruct patient on safety measures...Assess safety risk prior to transport...Provide the Resident and/or Resident Representative with education regarding strategies to reduce the risk for falls..." The new intervention for the anti-thrust cushion was not added to the Baseline Care Plan.</p> <p>Review of the "Nurse's Event Note" dated 7/27/2021, revealed, "...Physician Notified 7/27/2021 at 1630 (4:30 PM) and Responsible Party Notified 7/27/2021 at 1700 (5:00 PM)..."</p> <p>Review of the "Care Plan Report" for Resident #9 revealed, "...At Risk for Falls related to unsteadiness...Intervention dated 7/27/2021...dycem placed in wheelchair seat to prevent slipping..."</p> <p>During an interview on 9/13/2021 at 10:34 AM with the Administrator, she confirmed the fall intervention for Resident #1, an anti-thrust cushion, was not added to the Baseline Care Plan.</p> <p>During an interview on 9/13/2021 at 12:00 PM, the Director of Nursing (DON) confirmed the fall intervention for Resident #1, an anti-thrust cushion, was not added to the Baseline Care Plan.</p> | F 655   |  |  |  |